

Authorization Agreement

FORM 27TEL

for Telefile and Electronic Funds Transfer (EFT) of Tax Payments

FORM PURPOSE

Businesses licensed to pay taxes to the state of Nebraska may use this form to enroll in the Nebraska Business Tax Telefile program. Telefile is a voluntary, alternative method of filing your Nebraska and Local Sales and Use Tax Return, Form 10, and making your payment. Tax returns are entered over the telephone and tax payments are directly debited from the taxpayer's designated bank account. This program eliminates mailing of tax forms and remittance by paper checks. See Statement of Eligibility below for further information.

	TAXPAYER II	NFORMATION	
Taxpayer Name		Nebraska Identification Number	Federal Identification Number
Street or Other Mailing Address		Type of Tax Filed:	-
		Form 10, Sales and Use Tax Ret	urn
City State	Zip Code	Purpose of this Form:	
		Authorize Telefile/EFT	Change Telefile/EFT Account Information
EFT Contact Person within Your Organization	Telephone Nur	nber	FAX Number
	()	Ext.	()
Tax Return Filing Contact Person Telephone Number			
	()	Ext.	
Contact E-Mail Address			
EFT DEBIT SECTION			
Financial Institution Name		Type of Account:	
Savings Checking			
Route Transit Number for ACH Transactions (9 digits) Financial Institution Account Number			
TELEFILE AND EFT DEBIT AUTHORIZATION			
I hereby authorize the Nebraska Department of Revenue, upon my initiation only, to accept tax return filing information entered by			
telephone input; and to accept Automated Clearing House debit transactions as payment on my account. I also authorize the Nebraska Department of Revenue to release to the data collection service selected by the Nebraska Department of Revenue, the above taxpayer and financial institution information necessary to enable filing by telephone input and payment by electronic funds transfer. Under penalties of law, I declare as taxpayer, I have agreed to submit tax return information, including accompanying schedule information, by telephone call, and that such reported tax return information is to the best of my knowledge, true, correct, and complete. My			
information, by telephone call, and that such authorized signature affixed to this agreeme authorization is to remain in full force and taxpayer's authorized officer of its terminatio discretion.	nt shall be deeme effect until the N	d to appear on such electronically filed ebraska Department of Revenue has re	tax returns, as if so appearing. This eceived written notification from the
here Authorized Signature		Title	Date

INSTRUCTIONS

STATEMENT OF ELIGIBILITY. Taxpayers who file a monthly or quarterly Nebraska and Local Sales and Use Tax Return, Form 10, for each licensed retail location and report sales and use tax for no more than one city may enroll in the Nebraska Telefile and electronic funds transfer debit payment program.

PURPOSE. Taxpayers who complete this agreement will file their sales and use tax return information electronically using the telephone and will make their payments by elec-

tronic funds transfer using the ACH Debit payment option. The filing of your sales and use tax return and the initiation of your payment are completed with the same telephone call. The department, at your request, then debits your designated bank account on the date and for the amount that you specify.

MULTIPLE RETAIL LOCATIONS. A separate Authorization Agreement, Form 27TEL, must be completed for each retail location qualified to use Telefile.

Please fax this form and a copy of voided check to 1-402-471-5927, or mail this form **and voided check** (or copy) to: NEBRASKA DEPARTMENT OF REVENUE, TELEFILE/EFT REGISTRATION, P.O. BOX 98903, LINCOLN, NE 68509-8903 Have EFT or Telefile questions?

Check our Web site: www.nol.org/revenue or call 1-800-433-8631 (in Lincoln, call 471-5747).

Retailers filing combined sales and use tax returns for multiple locations are not eligible to use Telefile. Those filing combined sales and use tax returns for multiple locations are encouraged to use the Internet Sales and Use Tax filing method. Download Form 27EFT from our Web site, www.nol.org/revenue/electron/particip.htm or call 1-800-433-8631 (in Lincoln, call 471-5747) to request this form to register for the electronic funds transfer payment method in conjunction with Internet filing.

TELEFILE AND EFT ENROLLMENT. This agreement must be filed upon initial enrollment and whenever a change occurs in your Nebraska identification number, financial institution information, or authorized signature.

Taxpayers who meet the eligibility requirements and elect to file their sales and use tax returns electronically and make EFT payments must complete and fax or mail this agreement with a copy of a voided check.

Do not use Telefile until you receive confirmation that your agreement has been processed. The confirmation packet will include a letter welcoming you to the program and the Nebraska Electronic Reporting System Information Guide for Business Tax Telefile. You will need to use information from both our confirmation letter and guide to complete preparations for filing your first sales and use tax return using Telefile.

SPECIFIC INSTRUCTIONS

NEBRASKA IDENTIFICATION NUMBER. Enter your Nebraska sales and use tax identification number. It appears at the top-left portion on your pre-printed Nebraska sales and use tax return. Use only the number that appears under the heading "Nebraska Identification Number". If you do not have a Nebraska sales and use tax identification number, contact the department and request a Nebraska Tax Application, Form 20, prior to submitting this agreement.

EFT CONTACT PERSON WITHIN YOUR ORGANIZATION. This is the individual in your company who is responsible for the origination of your EFT transfers.

TAX RETURN FILING CONTACT PERSON. This is the individual in your company who is responsible for filing your Nebraska sales and use tax returns.

EFT DEBIT SECTION. This agreement authorizes the department to debit your selected bank account on the date and in the amount that you specify. Attach a voided check (or copy) so that the department can confirm your financial institution information.

FINANCIAL INSTITUTION NAME. Indicate the name of the bank, savings and loan, or credit union from which you want your tax payments debited.

ROUTING TRANSIT NUMBER. Verify the Routing Transit Number (the 9-digit number that identifies your financial institution) with your financial institution. Your Routing Transit Number must be a full 9 digits. The first two digits must be 01 through 12, or 21 through 32. If it is a checking account, do not use a deposit slip to verify the number because it may contain digits other than your Routing Transit Number.

FINANCIAL INSTITUTION ACCOUNT NUMBER.

The Account Number can be up to 17 positions. Omit hyphens, spaces, and special symbols. Enter the number from left to right and leave any unused boxes blank.

AUTHORIZED SIGNATURE. This agreement must be signed by an individual within your organization who is responsible for sales and use tax filings, authorizing financial transactions and tax payments. The completed Form 27TEL must be submitted to our office for processing. Our fax number and mailing address are shown on the front of this form.